

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90443 019 ***150.00

DOCUMENT # P01000116179 1. Entity Name ALONSO & SHECKELS CORPORATION					
Principal Place of Business 2910 W WATERS AV SUITE 100 TAMPA, FL 33614			Mailing Address 2910 W WATERS AV SUITE 100 TAMPA, FL 33614		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04302004 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 71-0864594	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALONSO, ANA R 15521 MORNING DRIVE LUTZ, FL 33559			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALONSO, ANA R 15521 MORNING DRIVE LUTZ, FL 33559	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHECKELS, MARIA D 1420 W MEADOWBROOK AV TAMPA, FL 33612	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sheckels, Maria D. 3114 McFarland Rd Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOZANO, DIEGO 3114 MCFARLAND ROAD TAMPA, FL 33615	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALONSO, RAFAEL E 4153 ROWLLING SPRINGS DR TAMPA, FL 33624	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.					
SIGNATURE: <i>Maria D. Sheckels</i>			Date: <i>04/29/04</i> Daytime Phone # _____		